

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature x <i>Brian K. Price</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>B. Received by (Printed Name) <i>Brian K. Price</i> C. Date of Delivery <i>06/02/06</i></p>	
<p>1. Article Addressed to:</p> <p><i>Richard Bohannon</i> <i># 374-617</i> <i>Chillicothe Corr. Inst.</i> <i>PO Box 5500</i> <i>Chillicothe, OH 45601</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7002 0860 0000 1409 2085</p>	
PS Form 3811, August 2001		Domestic Return Receipt	
		102595-02-M-0835	

905 CO4 Doc. 1844R K+R#
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